
State: District of Columbia
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: 200073
Project Name/Number: Underwriting Authorization Form/200073

First Filing Company: American General Life Insurance Company, ...

Filing at a Glance

Companies: American General Life Insurance Company
The United States Life Insurance Company in the City of New York

Product Name: 200073

State: District of Columbia

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

Date Submitted: 11/13/2019

SERFF Tr Num: AMGN-132117149

SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: 200073

Implementation: On Approval

Date Requested:

Author(s): Leo Grace, Nancy Smith, Janice Hooey, Kathryn Mitchell, Valerie Flores, Tyra Wheatley, Jodi Rogers

Reviewer(s):

Disposition Date:

Disposition Status:

Implementation Date:

State: District of Columbia
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
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General Information

Project Name: Underwriting Authorization Form

Project Number: 200073

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Jodi Rogers

Filing Description:

RE: AGLC200073-DC-2019 Underwriting Authorization Form

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/13/2019

State Status Changed:

Created By: Jodi Rogers

Corresponding Filing Tracking Number:

Dear Sir or Madam:

The above form is new and does not replace any form approved by your Department.

The purpose of Underwriting Authorization Form AGLC200073-DC-2019 is to obtain consent and authorization from the Proposed Insured to allow the Company to begin underwriting the application for life insurance, to determine eligibility for insurance, and to shorten the application process. The agent will present form AGLC200073-DC-2019 during the initial contact with the Proposed Insured. When the Underwriting Authorization Form is paired with the signed HIPAA form, the Company will begin automated retrieval of data from our approved third party vendors, such as MIB. The Underwriting Authorization Form will become part of the Proposed Insured's application. It will be used in conjunction with previously approved individual life applications AGLC108086-2015, AGLC108087-2015 and AGLC108088-DC-2015 (approved on 05/29/2015 under SERFF No. AMGN-129866555) and future life applications approved by your state.

Form AGLC200073-DC-2019 will be completed, on the internet or by other electronic means (e.g. agent's laptop) and will in some instances employ electronic signatures.

The Flesch readability score for the referenced form is 62.8.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms, including sequential ordering of the provisions, and type font, size and color.

If you have any questions or require additional assistance, please do not hesitate to call me at 615-749-1139. You may also reach me via e-mail at the following address:
Kathryn.Mitchell@aig.com.

Sincerely,
Kathryn Mitchell

Company and Contact

Filing Contact Information

Kathryn Mitchell, Manager

kathryn_mitchell@aigag.com

State: District of Columbia **First Filing Company:** American General Life Insurance Company, ...
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340 Seven Springs Way 615-749-1139 [Phone]
Mail Code 560 615-749-2521 [FAX]
Brentwood, TN 37027-5098

Filing Company Information

The United States Life Insurance Company in the City of New York	CoCode: 70106	State of Domicile: New York
175 Water Street	Group Code: 12	Company Type:
New York, NY 10038	Group Name: AIG	State ID Number:
(713) 831-3508 ext. [Phone]	FEIN Number: 13-5459480	

American General Life Insurance Company	CoCode: 60488	State of Domicile: Texas
2727-A Allen Parkway	Group Code: 12	Company Type:
Houston, TX 77019	Group Name: AIG	State ID Number:
(713) 831-3508 ext. [Phone]	FEIN Number: 25-0598210	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	First Filing Company:	American General Life Insurance Company, ...
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
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Form Schedule

Lead Form Number: AGLC200073-DC-2019								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Underwriting Authorization Form	AGLC200073-DC-2019	AEF	Initial		62.800	AGLC200073-DC-2019_bracket_John Doe.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory



Underwriting Authorization Form

☐ **American General Life Insurance Company**, [2727-A Allen Parkway, Houston, TX 77019]

☐ **The United States Life Insurance Company in the City of New York**, [175 Water St, New York, NY 10038]

[A member of American International Group, Inc. (AIG)]

The insurance company checked above ("Company") is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

The purpose of this form is to obtain consent and authorization from the Proposed Insured to allow the Company to begin underwriting the application for life insurance.

Product Name Universal Life Face Amount \$50,000

Proposed Insured

First Name John MI Last Name Doe Sex at Birth M ☒ F ☐

SSN 123-45-6789 Birthplace* (US State, or country) Anytown, USA DOB 01/01/1984

Driver's License yes ☒ no ☐ License State Any state Number 9876543

If over age of 16 and no license, please explain.

Address 123 Main Street City Anytown State USA ZIP 77704

Home Phone: 713-123-4567 ☒ Primary contact number ☐ Text me here

Mobile Phone: 713-345-6789 ☐ Primary contact number ☐ Text me here

Work Phone: 713-678-3456 ☐ Primary contact number ☐ Text me here

Email Address Jdoe@abc.com

Agent Name (Please Print) Dan Smith

I, the Proposed Insured, intend to apply for individual life insurance coverage offered by the Company checked above. For this reason, I immediately authorize any medical professional; any hospital, or clinic or health care facility; any pharmacy benefit manager or prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; the Medical Information Bureau (MIB); or any other person or organization that has any records or knowledge of me or my physical or mental health or insurability, or that of any minor child for whom application for insurance is being made, to disclose and give to the Company, its legal representatives, its affiliated service companies, and its affiliated insurers all information in whatever form, including electronic records they have pertaining to: medical consultations; treatments; surgeries; hospital confinements for physical and/or mental conditions; use of drugs or alcohol; drug prescriptions; or any other information concerning me, or any minor child for whom application for insurance is being made. Other information may include, but is not limited to, items such as: personal finances including credit as permitted; habits; hazardous avocations; motor vehicle records from the Department of Motor Vehicles; court records; or foreign travel, etc. I understand this authorization may be revoked at any time, except to the extent action has been taken by the Company in reliance on this authorization, by sending a written request to the Company, Attn: Underwriting Department at [P.O. Box 1931, Houston, TX 77251-1937.]

I understand that the information obtained will be used by the Company to determine: (1) eligibility for insurance; (2) eligibility for benefits under an existing policy; and (3) verification of answers and statements on this authorization. I further authorize the Company to conduct a media or electronic search on me. Any information gathered during the evaluation of my application may be disclosed to: other insurers to whom I may apply for coverage; reinsurers; the MIB; other persons or organizations performing business or legal services in connection with my application or claim; me; any physician designated by me; or any person or entity required to receive such information by law or as I may further consent.

I, as well as any person authorized to act on my behalf, may, upon request, obtain a copy of this consent. I understand this consent may be revoked at any time by sending a written request to the Company, Attn: Underwriting Department at [P.O. Box 1931, Houston, TX 77251-1931]. This consent will be valid for the earlier of: (i) the date I, or any person authorized to act on my behalf, revoke or withdraw such authorization or consent; or (ii) 24 months from the date this form is signed or for such other period permitted by applicable state law where the policy is issued.

** For identification purposes only*

All statements and answers in this Underwriting Authorization Form are true to the best of my knowledge and belief. I understand that any misrepresentation contained in this agreement and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

I agree that this Underwriting Authorization Form will become a part of my application for insurance.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

I consent to receive phone calls and text messages from the Company and/or a Third Party Administrator on behalf of Company, regarding products and services, at the phone number(s) above, including my mobile phone number if provided. I understand these calls and texts may be generated using an automated technology. I understand that consent is not required to make a purchase. Standard messaging and data rates apply for text messages.

I agree that a copy of the consent and electronic agreement will be as valid as the original.

Owner's Signature

X *John Doe*

Date signed: 11/01/2019

Proposed Insured Signature (if other than Owner):

X

(If under age 16, signature of parent or guardian)

Date signed: _____

SERFF Tracking #:	AMGN-132117149	State Tracking #:		Company Tracking #:	200073
State:	District of Columbia	First Filing Company:	American General Life Insurance Company, ...		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	200073				
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Supporting Document Schedules

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability AGLC200073-DC-2019 10.18.19.pdf
Item Status:	
Status Date:	

STATEMENT OF VARIABILITY

AGLC200073-DC-2019

COMPANY LOGO. The company logo has been bracketed to allow the company to change such logo without having to re-file the form.

HOME OFFICE ADDRESSES. The Home Office addresses have been bracketed to allow the company to change such addresses without having to re-file the form.

MEMBER STATEMENT. The company member statement has been bracketed to allow the company to change such statement without having to re-file the form.

MAILING ADDRESS. The mailing address to which the authorization and consent may be revoked has been bracketed to allow the company to change such address without having to re-file the form.